

Asbestos Application/Renewal Individual Management Planner

Toxic Substances Control Division
Asbestos Licensing Section
800/572-5548 or 512/834-6610
Fax: 512-834-6644



FOR TDH USE ONLY:
BUDGET: ZZ112
FUND: 178

REMIT #: _____

For TDH Use Only:

Received Date: _____ Init. _____ Amt. Rcvd.: _____ Late Fee: 1.5 X 2 X

Postmark Date: _____ FY: _____ Pymt Type: _____ Remit Date: _____

Rvw. Date: _____ Init. _____ Last Doc. Rcvd. Date: _____

Aprv. Date: _____ Init. _____ Print Date: _____ Init. _____

Issue Date: _____ Init. _____ Mail Date: _____ Init. _____

MAIL APPLICATION TO: Texas Department of Health, Asbestos Program, PO Box 141097, Austin, Texas 78714-1097.

Place
Photo
Here

If renewing:

Enter your current license/registration number: _____ Expiration Date: _____

Applicant Name: (First, M.I., Last) _____ Social Security # (optional) _____ Telephone Number (including area code) _____

Mailing Address (include apartment #) _____ City _____ State _____ Zip Code _____

Date of Birth: (month/day/year) _____ Place of birth _____ Mother's Maiden Name _____

Company Affiliation (if applicable) _____ Telephone Number (including area code) _____

Company Affiliation Address _____ City _____ State _____ Zip Code _____

CERTIFICATION: I hereby certify that I have received a copy of the Texas Asbestos Health Protection Rules, have read and understand them, and agree to comply with them. I understand that it is a violation of TDH rules and a violation of the Texas Penal Code §37.10 to submit any false information, or forged or fraudulent documents in order to obtain a license. All information I have provided in this application is correct, complete, and true to the best of my knowledge. I also understand that, under the Privacy Act 5 USC §552(a), my social security number is being given voluntarily and may be used by the Asbestos Licensing Section to verify my identity.

Signature of Applicant _____

Date _____

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PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Important Information

- ❖ A license is required for asbestos-related activities in accordance with 25 TAC §295.31-§295.73.
- ❖ Applicants completing EPA-accredited out-of-state training must submit a copy of initial and all refresher-training certificates and the 3-hour Texas law training course certificate.
- ❖ Applications will not be approved until all required documentation has been provided. **DO NOT PROVIDE ORIGINAL DOCUMENTATION. PLEASE PROVIDE COPIES ONLY.**
- ❖ Make sure you have completed all appropriate sections of this form. Sign and date the application and return it to the address shown at top of page 1.
- ❖ If your license, was never received or has been lost or stolen, you must submit an application for a duplicate asbestos license.
- ❖ Send a cashiers check or money order payable to the "Texas Department of Health - ZZ112-178." **DO NOT SEND CASH. LICENSE FEES ARE NON-REFUNDABLE.**

Fees:

- ❖ New Individual Management Planner License: \$120.00
- ❖ Renewal fee: \$120.00
- ❖ A license that has expired for 90 days or less may renew the license with a fee of \$180.00.
- ❖ A license that has expired for more than 90 days but less than one year may renew with a fee of \$240.00.
- ❖ A license that has expired for one year or more may not renew the license. The person may obtain a new license by complying with the requirements and procedures, including the examination requirements, for obtaining an original license.

The following documentation is required, in accordance with §295.51 of the Texas Asbestos Health Protection Rules:

Requirements for a new license:

1. A fee of \$120.00.
2. A 1" x 1" photograph of the face.
3. A copy of applicant training certificate from a Department-approved training provider for the asbestos inspector and management planner initial courses.
4. A copy of the training identification card.
5. Proof of successfully passing the department examination for individual management planner.
6. A copy of an associate's degree from an accredited college or university or successfully complete a minimum of 60 credit hours from an accredited college or university.
7. A copy of a physician's statement of the required physical examination done within the past year as described in §295.42(e)(2) of this title (relating to Registration: Asbestos Abatement Workers) and submitted on the department's "Physician's Written Statement" form only.
8. Verifiable work experience that includes participation in the preparation of (5) management plans or surveys under the direction of a licensed management planner or licensed asbestos consultant. **Example format below.**

Requirements for license renewal:

1. The required renewal fee. (See fees above.)
2. A 1" x 1" photograph of the face.
3. A copy of applicants training certificate from a Department-approved training provider for the asbestos inspector and management planner refresher courses.
4. A copy of the training identification card.
5. A copy of a physician's statement of the required physical examination done within the past year as described in §295.42(e)(2) of this title (relating to Registration: Asbestos Abatement Workers) and submitted on the department's "Physician's Written Statement" form only.

Sample Format for Asbestos Related Experience

Project Dates Name and Location	Project Description and Applicant's Duties	Licensed Individual Phone Number
5/12/99 City Public Service HQ 138 State St. Abilene, TX 79867	The interpretation of the field notes and report of an asbestos building survey. The production of drawings, which show the locations of asbestos materials, together with notes as to the extent and the condition of this ACBM. Writing an asbestos report.	Ron Howard 915/784-0987

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